

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Owner's A  Owner's A  OZ    Person in C  Responsibl  Certified F   | Mich diress Hioai Charge e Person's cod Manage | ss (nu KS  ael KS  T  E-ma | TEVOR Coleman  II                               |                          | Follow-  Follow-  Follow-  Menu Ty  12 | Pro (See back of page) |
|--|--|----------------------------|---|--------------------------|--|------------------------|
| • VIOLATIO   | ON(S) REPE                                     | ATED                       | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | SUMMARY OF VIOLATIONS" A | AND IN THE                             | NARRATIVE BELOW AS "R" |
| Section#   | C/NC   | R                          | Narrative                                       |                          |  | To Be Corrected By     |
| Received by  | (name and                                      | title n                    | - NO Violations -                               |                          |  |                        |
| Received by (name and title printed):  Inspected by (name and title printed):  Inspected by (signature):  Inspected by (signature |  |                            |   |                          |  |                        |
| cc:  |  | •                          | CC:   | Inspected by signature): | Sur CC:                                | <u></u>                |



FLOYD COUNTY HEALTH DEPARTMENT

1917 Bone Road
New Albany, Indiana 47150-4607
Telephone (812) 948-4726
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| Application for Temporary Food Service Permit  |
|--|
| Application Date: <u>05/20/2</u> 020   |
| Name of Business: Steak and Seaforce direct  |
| Owner(s) Name: Michael Bass  |
| Address: 101 Hicks Rd Unit8978 Ry Richmond State VA Zip 23225  |
| Phone: 804761-1129 Fax Email: 18 Sical Steak grassation legiste 1.1 gu   |
| Person in Charge: Logary (arrey Phone: 804 61/3675 Email:  |
| Certified Food Handler (Name/Number): Phone  |
| Event Name: Steak and Seatond Date(s) of Event: 5/27/00-5/30/1020  |
| Type of Structure: Trailer Tent X Booth Building Other / / /   |
| Location of Stand: 3129 FYWAT IN Rd Hours of Operation: 120-74/94-79/94-79/94-79   |
| Food/Beverages to be sold (attach menu if necessary) Preparitaged frank Food's   |
| Location where food is prepared  |
| Where is food/beverages stored prior to the event? <u>OH YECKEV FINICE</u> (food cannot be prepared or stored at a personal residence)                     |
|  |
| Fees for Temporary Food Service Permits are non-refundable. Fees for the permit are \$20.00 per day; \$100.00 maximum-for a maximum of 14 consecutive days |
| Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06,<br>Greenville-2008-T-84, and Georgetown-2008-G-0814,         |
| Name of Applicant #SSICA CIVE VC Signature of Applicant  |
| * THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY.*  |
| PERMIT FEE SO PERMIT NUMBER ISSUED 720-011 CLERK INITIALS 75   |
|  |
| O paid   |
|  |

recompt #.